



| A DEMONSTRA   | TRANSMITTA  | Docket No.<br>ADI-097   |               |                      |                        |  |  |  |  |  |  |
|---------------|---|---|---------------|----------------------|------------------------|--|--|--|--|--|--|
| OIPE          |   |   |               |                      |                        |  |  |  |  |  |  |
| OCT 2 5 2006  | Application No. 10/717,985  | Filing Date<br>November 20, 2003  |               | aminer<br>Barbara J. | Group Art Unit<br>1733 |  |  |  |  |  |  |
| THE TRANSPORT | Invention: THREE-DIMENSIONAL PANELS FOR A GAME BALL AND RELATED METHODS   |   |               |                      |                        |  |  |  |  |  |  |
|               |   | TO THE COMMISSIONER   | OF PATEN      | TS:                  |                        |  |  |  |  |  |  |
|               | Transmitted herewith is the filed: October 25, 2006   | Appeal Brief in this applicatio   | n, with respe | ct to the Notice     | e of Appeal            |  |  |  |  |  |  |
|               | The fee for filing this Appeal  |   |               |                      |                        |  |  |  |  |  |  |
|               | X Large Entity Small Entity  X A petition for extension of time is also enclosed.   |   |               |                      |                        |  |  |  |  |  |  |
|               | The fee for the extension   |   |               |                      |                        |  |  |  |  |  |  |
|               | X A check in the amount of \$2,090.00 is enclosed.  Charge the amount of the fee to Deposit Account No. 07-1700 This sheet is submitted in duplicate.  Payment by credit card. Form PTO-2038 is attached. |   |               |                      |                        |  |  |  |  |  |  |
|               |   |   |               |                      |                        |  |  |  |  |  |  |
|               |   |   |               |                      |                        |  |  |  |  |  |  |
| ·             |   | y authorized to charge any ad<br>nt to Deposit Account No.<br>d in duplicate. |               |                      | equired or             |  |  |  |  |  |  |
|               | John V. Forcier Attorney Reg. No. 42 GOODWIN PROOTER I Exchange Place Boston, Massachusetts (617) 570-1607  |   | D             | eated: Od            | ctober 25, 2006        |  |  |  |  |  |  |
|               | Evoress Mail Label No. EV 689995506   |   |               |                      |                        |  |  |  |  |  |  |

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PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL** 

Complete if Known 10/717,985 Application Number November 20, 2003 Filing Date

|   | or FY 200   | / \                 | •                  | First Named Inventor Taniguchi  |                 |                             |                |                          |  |
|---|---|---------------------|--------------------|---------------------------------|-----------------|-----------------------------|----------------|--------------------------|--|
| <u> </u>  | Examiner Name                                     |                     | Musser, Barbara J. |                                 |                 |                             |                |                          |  |
| Applicant claim   | Art Unit 1733                                     |                     |                    |                                 |                 |                             |                |                          |  |
| TOTAL AMOUNT OF PAYMENT (\$) 2,090.00   |   |                     |                    | Attorney Doo                    | ket No.         | ADI-097                     |                |                          |  |
| (17 Species Filler) Bosherite.  |   |                     |                    |                                 |                 |                             |                |                          |  |
| METHOD OF PAYMENT (check all that apply)  |   |                     |                    |                                 |                 |                             |                |                          |  |
| x Check C   | redit Card  | Money Order         | No                 | ne Otl                          | ner (please ide | ntify):                     |                |                          |  |
| Deposit Account Deposit Account Number: 07-1700 Deposit Account Name: Goodwin Procter LLP   |   |                     |                    |                                 |                 |                             |                |                          |  |
| For the above   | e-identified deposit                              | account, the D      | irector is         | hereby author                   | rized to: (che  | eck all that apply)         | )              |                          |  |
| Charge  | fee(s) indicated be                               | low                 |                    | Ch                              | arge fee(s) ir  | ndicated below, e           | xcept for t    | he filing fee            |  |
|   | any additional fee(<br>under 37 CFR 1.16          |                     | ment of            | x Cre                           | edit any over   | payments                    |                |                          |  |
| FEE CALCULATION   | ON  | <u> </u>            |                    |                                 |                 |                             |                |                          |  |
| 1. BASIC FILING, SE   | ARCH, AND EXAM                                    | INATION FE          | ES                 |                                 |                 |                             |                |                          |  |
|   | FILIN   | G FEES Small Entity | SE                 | ARCH FEES<br><u>Small Ent</u>   |                 | NATION FEES<br>Small Entity | ř              |                          |  |
| <b>Application Type</b>   | <u>Fee (\$)</u>                                   | Fee (\$)            | Fee (\$            |                                 | Fee (\$)        |                             | Fees I         | Paid (\$)                |  |
| Utility   | 300   | 150                 | 500                | 250                             | 200             | 100                         |                |                          |  |
| Design  | 200   | 100                 | 100                | 50                              | 130             | 65                          |                |                          |  |
| Plant   | 200   | 100                 | 300                | 150                             | 160             | 80                          |                |                          |  |
| Reissue   | 300   | 150                 | 500                | 250                             | 600             | 300                         |                |                          |  |
| Provisional   | 200   | 100                 | 0                  | 0                               | 0               | 0                           |                |                          |  |
| 2. EXCESS CLAIM F   | EES   |                     |                    |                                 |                 |                             | Eag (\$)       | Small Entity<br>Fee (\$) |  |
| Fee Description<br>Each claim over 20 (   | including Reissues                                |                     |                    |                                 |                 |                             | Fee (\$)<br>50 | 25                       |  |
| Each independent cla  | -   |                     |                    |                                 |                 |                             | 200            | 100                      |  |
| Multiple dependent of   | •   | <i>G</i> ,          |                    |                                 |                 |                             | 360            | 180                      |  |
| Total Claims  | Extra Claims F                                    | ee (\$)             | Fee F              | Paid (\$)                       | <u>N</u>        | /ultiple Depende            | ent Claims     |                          |  |
| - 20 =  | × _   | = _                 |                    |                                 | E               | ee (\$)                     | Fee Paid (S    | <u>\$)</u>               |  |
| HP = highest number of  | _   | eater than 20.      |                    |                                 |                 |                             |                | _                        |  |
|   |   | ee (\$)             | Fee F              | Paid (\$)                       |                 |                             |                |                          |  |
| HP = highest number of independent claims paid for, if greater than 3.  |   |                     |                    |                                 |                 |                             |                |                          |  |
| 3. APPLICATION SIZ  | E FEE   | -                   |                    |                                 |                 |                             |                | _                        |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |                     |                    |                                 |                 |                             |                |                          |  |
|   |   |                     |                    |                                 |                 | of Foo (\$)                 | Eoo            | Paid (\$)                |  |
| <u>Total Sheets</u><br>- 10   | Extra Sheets                                      | /50                 | or each a          | dditional 50 or<br>mund up to a |                 | _                           | =              | raiu (y)                 |  |
| - 100 = /50 (round up to a whole number) x =<br>4. OTHER FEE(S) Fees Paid (\$)  |   |                     |                    |                                 |                 |                             |                |                          |  |
| Non-English Specification, \$130 fee (no small entity discount)   |   |                     |                    |                                 |                 |                             |                |                          |  |
| Other (e.g., late filing surcharge): 1254 Extension for response within fourth month 1,590.00 1402 Filing a brief in support of an appeal 500.00  |   |                     |                    |                                 |                 |                             |                |                          |  |
|   |   |                     |                    |                                 |                 |                             |                |                          |  |
| SUBMITTED BY  Registration No. 42 545 Telephone (617) 570 1607  |   |                     |                    |                                 |                 |                             |                |                          |  |
| Signature   | <u> V/Y ·                                    </u> |                     |                    | (Attorney/Agent)                | 42,545          | Telephone                   | (617) 57       | 0-1607                   |  |

| SUBMITTED BY      |           | \    |            |          | <u> </u> |                                      |        |           |                  |
|-------------------|-----------|------|------------|----------|----------|--------------------------------------|--------|-----------|------------------|
| Signature         |           | V    | $\gamma$ . | 4        | <i>├</i> | Registration No.<br>(Attorney/Agent) | 42,545 | Telephone | (617) 570-1607   |
| Name (Print/Type) | John V. F | prci | ier        | $/\!\!/$ |          |                                      |        | Date      | October 25, 2006 |
|                   | -         |      |            | -        |          |                                      |        |           |                  |

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